

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

MARTIN PATRICIO ANANIAS, M.D.)

Case No. 12-2012-222767

**Physician's and Surgeon's)
Certificate No. A 67788)**

Respondent)

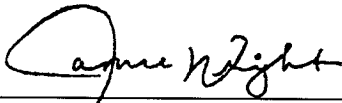
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 16, 2017.

IT IS SO ORDERED May 19, 2017.

MEDICAL BOARD OF CALIFORNIA

By: 

Jamie Wright, J.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS (State Bar No. 289206)
BRENDA P. REYES (State Bar No. 129718)
4 Deputy Attorneys General
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 12-2012-222767

12 **MARTIN ANANIAS, M.D.**
13 **401 Bicentennial Way**
14 **Santa Rosa, CA 95403**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 **Physician's and Surgeon's Certificate**
No. A 67788

16 Respondent.
17

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
22 of California (Board). She brought this action solely in her official capacity and is represented in
23 this matter by Xavier Becerra, Attorney General of the State of California, by Carolyn Evans and
24 Brenda P. Reyes, Deputy Attorneys General.

25 2. Respondent Martin Ananias, M.D. (Respondent) is represented in this proceeding by
26 attorneys Gigi M. Knudtson, Esq., of the firm Knudtson & Associates, whose address is: 1731 E.
27 Roseville Parkway, Suite 150, Roseville, CA 95661; and, John L. Fleer, Esq., whose address is:
28 1850 Mt. Diablo Blvd., Suite 120, Walnut Creek, CA 94596.

3. On or about March 19, 1999, the Board issued Physician's and Surgeon's Certificate No. A 67788 to Martin Ananias, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 12-2012-222767, and will expire on November 30, 2018, unless renewed.

JURISDICTION

4. Accusation No. 12-2012-222767 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 12, 2014. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 12-2012-222767 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 12-2012-222767. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. This stipulation is the result of a compromise between the Board and Respondent.

Respondent understands and agrees that the charges and allegations in Accusation No. 12-2012-

1 222767, if proven at hearing, constitute cause for imposing discipline upon his Physician's and
2 Surgeon's Certificate.

3 10. Respondent stipulates that the Board has jurisdiction to impose a public reprimand
4 upon his certificate to practice medicine pursuant to section 2227 of the Business and Professions
5 Code. Respondent agrees to be bound by the Board's imposition of discipline as set forth in the
6 Disciplinary Order below.

7 CONTINGENCY

8 11. This stipulation shall be subject to approval by the Medical Board of California.
9 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
10 Board of California may communicate directly with the Board regarding this stipulation and
11 settlement, without notice to or participation by Respondent or his counsel. By signing the
12 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
13 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
14 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
15 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
16 action between the parties, and the Board shall not be disqualified from further action by having
17 considered this matter.

18 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
19 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
20 signatures thereto, shall have the same force and effect as the originals.

21 13. In consideration of the foregoing admissions and stipulations, the parties agree that
22 the Board may, without further notice or formal proceeding, issue and enter the following
23 Disciplinary Order:

24 DISCIPLINARY ORDER

25 A. PUBLIC REPRIMAND

26 IT IS HEREBY ORDERED that Respondent Martin Ananias, M.D., Physician's and
27 Surgeon's Certificate No. A 67788, shall be and hereby is publically reprimanded pursuant to
28 California Business and Professions Code section 2227, subdivision (a)(4). This public

reprimand is issued in connection with Respondent's unprofessional conduct in the care and treatment of Patient JG, as set forth in Accusation No. 12-2012-222767.

B. EDUCATION COURSE

Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval an educational program or course in **early recognition of septic shock**. The educational program or course shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program or course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of the program or course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance in the course or seminar in satisfaction of this condition and of the hours of CME credit received. Respondent shall participate in and successfully complete the program or course not later than six (6) months after Respondent's initial enrollment.

Failure to successfully complete the educational program or course outlined above shall constitute unprofessional conduct and grounds for further disciplinary action.

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1 ACCEPTANCE

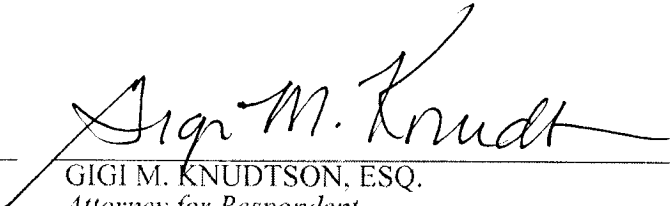
2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorneys, Gigi M. Knudtson and John L. Fleeer. I understand the stipulation
4 and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
6 bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 1/31/2017


9 MARTIN ANANIAS, M.D.
10 Respondent

11 I have read and fully discussed with Respondent Martin Ananias, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

14
15 DATED: 1/31/17



16 GIGI M. KNUDTSON, ESQ.
17 Attorney for Respondent

18 ENDORSEMENT

19 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
20 submitted for consideration by the Medical Board of California.

21 Dated: 2/7/17

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
BRENDA P. REYES
Deputy Attorney General


25 CAROLYNE EVANS
26 Deputy Attorney General
27 Attorneys for Complainant

28 SF2013406747

EXHIBIT A

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
3 DAVID CARR
Deputy Attorney General
4 State Bar No. 131672
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5538
6 Facsimile: (415) 703-5480
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 12, 2014
BY: Thelma ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 12-2012-222767

MARTIN ANANIAS, M.D.

401 Bicentennial Way
Santa Rosa, CA 95403

Physician's and Surgeon's Certificate
No. A 67788

Respondent.

A C C U S A T I O N

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about March 19, 1999, the Medical Board of California issued Physician's and Surgeon's Certificate Number A 67788 to Martin Ananias, M.D. ("Respondent"). The certificate will expire, unless renewed, on November 30, 2014.

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JURISDICTION

3. This Accusation is brought before the Medical Board of California ("Board"), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview scheduled by the mutual agreement of the certificate holder and the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. The incidents described herein occurred at the Kaiser hospital in Santa Rosa, California.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligence)

7. Respondent is subject to disciplinary action under section 2234(c) in that his care and treatment of patient JG¹ included departures from the standard of care which, in conjunction with the other departures alleged herein, constitutes repeated negligent acts. The circumstances are as follows:

8. Patient JG underwent knee replacement surgery on December 5, 2011. In the course of his post-operative recovery in the hospital, JG developed a rapid heart beat and was seen by Respondent, the rounding hospitalist, on the morning of December 6.

¹ The patient is identified herein by initials to preserve confidentiality. The patient's name will be provided to Respondent upon request.

1 9. Respondent attributed JG's rapid heart rate to his pre-existing atrial fibrillation and
2 ordered an oral beta-blocker be given. JG's heart rate was soon restored to a more moderate
3 level. JG was transferred to the telemetry unit for closer monitoring at about 11:00 a.m.
4 Respondent saw JG again the following morning, noting that JG was on nasally-administered
5 supplemental oxygen, that his cardiac rhythm was irregular, was anemic, and that he was
6 presenting somewhat diminished bilateral breath sounds. Respondent ordered chest x-rays and a
7 blood transfusion. Respondent's notes appended to the order for chest x-ray, under "Indications"
8 reads "?chf" (congestive heart failure).

9 10. Nursing notes for December 8 state that at 8:40 a.m. patient JG was receiving 2
10 liters of oxygen per minute via nasal cannula and his oxygen saturation level was 94%.
11 Respondent's chart entries made at about 10:40 a.m. that same morning indicate JG was anemic,
12 displayed some mental confusion, and that his abdomen was distended. Respondent opined that
13 the distension "(m)ay be ileus due to oral morphine SR plus PRNs But r/o bleeding."
14 Respondent ordered x-rays of JG's abdomen, which confirmed the presence of an intestinal ileus.
15 Respondent did not obtain a CT scan of JG's abdomen. At about 3:50 p.m. Respondent directed
16 a nasogastric tube be placed to decompress the ileus. Nursing notes from that evening indicate
17 JG's abdomen was "very distended, rounded," with hypoactive bowel sounds.

18 11. A chart entry by a second treating hospitalist at about 2:30 a.m. on December 9
19 notes that JG was "extremely uncomfortable with increased abdominal distension." She ordered
20 a harris flush procedure to reduce JG's intestinal pressure. Nursing notes on December 9
21 indicate that at 3:58 p.m. JG's oxygen monitor alarm was sounding; his indicated oxygen
22 saturation was 74%, despite the 2 liters per minute of supplemental oxygen he was receiving.
23 Nurses repositioned JG in bed and increased the oxygen flow rate to 5 liters per minute; the
24 indicated oxygen saturation increased to 88%. The nasal cannula was moved to JG's mouth and
25 the indicated oxygen saturation increased to 91-93%. Respondent was notified of JG's condition
26 at this time.

27 12. At approximately 4:30 p.m. the attending nurse again called Respondent to report that
28 JG was extremely short of breath, with "labored" respirations and an indicated oxygen saturation

1 “in the low to mid 80s.’ Respondent directed that JG be repositioned higher in bed; the nurse
2 informed Respondent that JG was in the highest possible position. Respondent gave no new
3 orders regarding JG’s care.

4 13. The attending nurse’s chart entry for 5:10 p.m. states

5 “(p)t’s condition continues to worsen. Pt unable to hold O2 sats about low to mid 80’s on 5
6 liters NC. Respiratory called to put on non-rebreather mask. Pt’s LOC is decreased. Pt
7 repositioned up in bed. NG tube flushed. Pt requiring one-to-one nursing care. Follow-up
8 call to break and relief nurse’s call to Dr. Ananias to ask that he come to the floor to see pt,
9 d/t pt’s deteriorating respiratory status. Dr. Ananias still not answering the phone.”

10 14. The attending nurse placed a “Rapid Response” call to summon a physician to assess
11 JG at 5:20 p.m. Respondent came to the patient’s room and his notes state that JG’s oxygen
12 saturation improved when he was repositioned in bed, “up to the 90s and stayed above 92” per
13 measurement by the respiratory care provider. Respondent decided to continue with the current
14 treatment on the medical floor rather than transferring the patient to the intensive care unit.

15 15. The medical record indicates that at 5:50 p.m. JG’s oxygen saturation level is “in the
16 90’s but the O2 sat is variable with sat going down into the 80’s.” JG was still receiving
17 supplemental oxygen via the 100% non-rebreathing mask. The nursing notes for this time state
18 that JG’s daughter, a nurse, believes JG should be monitored in the intensive care unit (ICU)
19 rather than on the medical floor and conveyed that desire for transfer to nursing staff, the nursing
20 supervisor, and to Respondent.

21 16. Nursing notes for 6:45 p.m. state:

22 “BP 92/63 HR 120’s. Pt minimally responsive, respirations increasingly labored.
23 Telemetry and O2 sat monitors frequently alarming. Pt requiring RN at bedside at all
24 times. Pt hands cyanotic and remain cool to touch and forehead now appears slightly
25 bluish in color. Dr. Ananias aware. Family tearful, verbalizing anger w/staff
26 regarding pt not being transferred to ICU.”

27 17. At about 7:05 p.m. the other attending hospitalist ordered patient JG transferred to the
28 intensive care unit, apparently in deference to the fact that the “family, rn, supervisor want the pt
moved to icu though it was discussed with all by the rounding hbs that there are not criteria for
icu...” JG was taken to the intensive care unit at about 7:35 p.m.

18. The intensive care nurse’s notes state that patient arrived at the ICU unresponsive,
with his oxygen saturation reading in the 70% range, despite being on 15 liters of supplemental

1 oxygen per minute via non-re-breathing mask; JG's fingers and toes were cyanotic and his body
2 mottled. Despite additional care, JG died at about 3:10 a.m. on December 10, 2011.

3 19. Respondent has subjected his license to discipline for unprofessional conduct in that
4 his failure to order an abdominal CT scan in a patient with an identified bowel obstruction that
5 was not responding to initial treatment was a departure from the standard of care which, in
6 conjunction with the additional departures from the standard of care alleged hereinafter,
7 constitutes repeated negligent acts in violation of section 2234(c).

8 SECOND CAUSE FOR DISCIPLINE

9 (Repeated Negligence)

10 20. The allegations of paragraphs 8-18 are incorporated herein by reference. Respondent
11 is subject to disciplinary action for unprofessional conduct for his failure to recognize clinical
12 indicia of early septic shock and make a timely transfer of the patient to a higher level of care, a
13 departure from the standard of care which, in conjunction with the other departures from the
14 standard of care alleged herein, constitutes repeated negligent acts in violation of section
15 2234(c).

16 THIRD CAUSE FOR DISCIPLINE

17 (Gross Negligence)

18 21. The allegations of paragraphs 8-18 are incorporated herein by reference. Respondent
19 is subject to disciplinary action for unprofessional conduct in that his failure to recognize and
20 respond appropriately to patient JG's acute respiratory distress was an extreme departure from the
21 standard of care constituting gross negligence in violation of section 2234(b).

22 PRAYER

23 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged
24 and that following the hearing the Medical Board of California issue a decision:

25 1. Revoking or suspending Physician's and Surgeon's certificate Number A 67788,
26 issued to Martin Ananias, M.D.;

27 2. Revoking, suspending or denying approval of Martin Ananias, M.D.'s authority to
28 supervise physician assistants, pursuant to section 3527 of the Code;

1 3. Ordering Martin Ananias, M.D., if placed on probation, to pay the costs of probation
2 monitoring; and

3 4. Taking such other and further action as deemed necessary and proper.

4 DATED: August 12, 2014


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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